O 2020021

REPORT OF RECEIPTS

For An Authorized Committee

14 JAN 30 AN 3 47

For Air Authorized Committee		Office Use Only
NAME OF TYPE OR PRII COMMITTEE (in full)	NT ▼ Example: If typing, type over the lines.	12FE4M5
CITIZENS FOR COCHRAN		
PO BOX 718		
ADDRESS (number and street)		
Check if different than previously reported. (ACC)		MS 38802
2. FEC IDENTIFICATION NUMBER ▼	CITY	STATE ZIP CODE STATE ▼ DISTRICT
C C00091892	3. IS THIS NEW (N) OR	AMENDED MS 00
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(b) 12-Day PRE-Election Report for the: Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (Q3)	Election on	in the State of
January 31 Year-End Report (YE)	(c) 30-Day POST -Election Report for the:	
Termination Report (TER)	General (30G)	Runoff (30R) Special (30S) in the State of
5. Covering Period DYD / YAYAY THY through 12 / 31 / 2013		
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		
Signature of Treasurer JOHN M. ROBINSON CPA Date Date		
NOTE: Submission of false, erroneous, or incomp	lete information may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
FE5AN018 Only		(Revised 02/2003)